Central Lions Spring Programs 2019

PLEASE PRINT CLEARLY

Manual Registration Form

Date: _____

First Name:		**Last Name:**	
Telephone#	**Home:**	**or Cell:**	
Address:		**City:** **Province:**	**Postal Code**
City Personal Barcode:		**2019 Membership #:**	
Email:			**FEE:**

PROGRAM #	RAMS #Barcode (office use only)	PROGRAM NAME	
Membership Purchase:			
		TOTAL:	

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FOR OFFICE USE ONLY

Entered on Class list by: _____ **Entered into RAMS by: _____**

Method of Payment:

Cash___ Chq___ Debit___ Visa___ MC___ AMX___ Acct Credit___